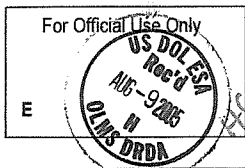


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4706</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>DANIEL S ANDERSON JR</u> P.O. Box, Bldg., Room No., if any <u>10th Floor</u> Street <u>1023 15th St</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20005</u>	4. Name, file number, and address of labor organization. Name <u>NATIONAL CONFERENCE OF</u> <u>Firemen &amp; Oilers</u> Labor Organization File Number <u>660-083</u> P.O. Box, Building and Room Number, if any <u>10th Floor</u> Street <u>1023 15th St</u> City <u>WASHINGTON</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20005</u>
5. Position in labor organization. <u>Secretary Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <u>NA</u> 7.b. Amount. _____
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8-4-05  
Date

202-962-0981  
Telephone Number

Name of Person Filing

DANIEL S. ANDERSON *CR*

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name  NATIONAL Conference of Fireman & Others Pension FundTrade Name, if any: P.O. Box, Bldg., Room No., if any  Suite 200Street  27 Roland Rd.City  MT. LaurelState  New Jersey ZIP Code + 4  08054-3105

11.a. Nature of such dealing.

Reimbursed ACTUAL expense for attending Pension fund meeting as a trustee.  
 Lodging paid by fund to Vendor 3/11/04 - 3/14/04 1612.12  
 3/11/04 - 3/14/04 67.75  
 12/16/04 - 12/17/04 156.78

11.b. Approximate dollar value of such dealing.

\$ 1836.65

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name  Phil BondTrade Name, if any:  American Products/TimeP.O. Box, Bldg., Room No., if any  50 NorthStreet City State  ZIP Code + 4 

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>DANIEL S. Anderson JP</u>	File Number U-
----------------------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <input style="width: 100%;" type="text"/>  Trade Name, if any: <input style="width: 100%;" type="text"/>  P.O. Box, Bldg., Room No., if any <input style="width: 100%;" type="text"/>  Street <input style="width: 100%;" type="text"/>  City <input style="width: 100%;" type="text"/>  State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	9. Business deals with:  <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name <u>NATIONAL CONFERENCE OF FIREMAN &amp; POLICE PENSION FUND</u> Trade Name, if any: <input style="width: 100%;" type="text"/>  P.O. Box, Bldg., Room No., if any <u>Suite 200</u> Street <u>27 Roland Rd.</u> City <u>Mount Laurel</u> State <u>New Jersey</u> ZIP Code + 4 <u>08054-3165</u>	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	11.b. Approximate dollar value of such dealing. <input style="width: 100%;" type="text"/>  12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px;">           Pension Fund Paid Hotel            for Pension Fund mts. 3/11/04-3/14/04 1612.12            reimbursed expenses for            Pension Fund mts 3/11/04-3/14/04 67.78            12/6/04-12/7/04 156.78         </div>
	12.b. Amount. <input style="width: 100%;" type="text"/> <u>1836.65</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name <u>Phil Bowd</u> Trade Name, if any: <u>American Time/Products</u> P.O. Box, Bldg., Room No., if any <u>Suite 104</u> Street <u>710 North Wayne St.</u> City <u>Arlington</u> State <u>VA</u> ZIP Code + 4 <u>22201</u>	14.a. Nature of payment. <div style="border: 1px solid black; padding: 10px; height: 150px;">           GIFT OF Foodstuffs 50.00            12/20/04         </div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input style="width: 100%;" type="text"/> <u>\$50.00</u>

Name of Person Filing	File Number U-
-----------------------	----------------

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>John Granzew</u></p> <p>Trade Name, if any: <u>Granzew Consultant Group</u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 300</u></p> <p>Street <u>4525 Sharon Rd.</u></p> <p>City <u>Charlotte</u></p> <p>State <u>North Carolina</u> ZIP Code + 4 <u>28211</u></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 10px; min-height: 100px;"> <p style="font-size: 1.2em;">dinner meetings</p> <p style="font-size: 1.2em;">12/6/04</p> <p style="font-size: 1.2em;">Approximate \$50</p> </div>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <span style="border: 1px solid black; padding: 2px 10px;">\$50.00</span></p>

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>FRANK VACCARO</u></p> <p>Trade Name, if any: <u>Frank Vaccaro &amp; Associates Inc</u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 200</u></p> <p>Street <u>27 Roland Ave.</u></p> <p>City <u>Mount Laurel</u></p> <p>State <u>New Jersey</u> ZIP Code + 4 <u>08054-3105</u></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 10px; min-height: 100px;"> <p style="font-size: 1.2em;">dinner meetings approximate \$45.00</p> <p style="font-size: 1.2em;">Spouse Attended 45.00</p> <p style="font-size: 1.2em;">3/12/04</p> </div>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <span style="border: 1px solid black; padding: 2px 10px;">\$90.00</span></p>

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Dennis Jenkins</u></p> <p>Trade Name, if any: <u>Dennis Jenkins CPA</u></p> <p>P.O. Box, Bldg., Room No., if any <u>Bldg 1200 Suite 1250</u></p> <p>Street <u>1301 Shiloh Rd</u></p> <p>City <u>KEENSAW</u></p> <p>State <u>Georgia</u> ZIP Code + 4 <u>30144</u></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 10px; min-height: 100px;"> <p style="font-size: 1.2em;">Gift of Foodstuff approximate \$50</p> <p style="font-size: 1.2em;">12/22/04</p> </div>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <span style="border: 1px solid black; padding: 2px 10px;">\$50.00</span></p>

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>C. MARSHALL FRIEDMAN</u></p> <p>Trade Name, if any: <u>C. MARSHALL FRIEDMAN</u></p> <p>P.O. Box, Bldg., Room No., if any <u>10th FLOOR</u></p> <p>Street <u>1010 MARKET STREET</u></p> <p>City <u>ST. LOUIS</u></p> <p>State <u>MISSOURI</u> ZIP Code + 4 <u>63101</u></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 10px; min-height: 100px;"> <p>GIFT OF Foodstuffs APPRX. \$25.00 11/25/04</p> <p>GIFT OF Foodstuffs APPRX. \$50.00 12/22/04</p> </div>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <span style="border: 1px solid black; padding: 2px 10px;">\$75.00</span></p>

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>KELLY PRESS</u></p> <p>Trade Name, if any: <u>KELLY PRESS</u></p> <p>P.O. Box, Bldg., Room No., if any <u>*</u></p> <p>Street <u>7701 CABIN BRANCH DR.</u></p> <p>City <u>CHEVERLY</u></p> <p>State <u>MARYLAND</u> ZIP Code + 4 <u>20785</u></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 10px; min-height: 100px;"> <p>GIFT OF Foodstuffs APPRX. \$50.00 12/22/04</p> </div>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <span style="border: 1px solid black; padding: 2px 10px;">\$50.00</span></p>

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>UNITED HEALTH CARE</u></p> <p>Trade Name, if any: <u>UNITED HEALTH CARE</u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>450 COLUMBUS BLD. 13NA</u></p> <p>City <u>HARTFORD</u></p> <p>State <u>CONNECTICUT</u> ZIP Code + 4 <u>06103</u></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 10px; min-height: 100px;"> <p>dinner meeting \$67.86 4/20/04</p> </div>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <span style="border: 1px solid black; padding: 2px 10px;">\$67.86</span></p>